

General Complaint

FILED

APR 05 2021

Clerk, U.S. District Court
Eastern District of Texas

Tasha D. Tom

Case Number : 4:21CV275

List the full name of each plaintiff in this action.

vs. Fairplay County Mutual
Titan Auto Insurance
Kemper Auto

List the full name of each defendant in this action.

Do not use "et al".

Attach additional pages if necessary.

I. ATTEMPT TO SECURE COUNSEL:

Please answer the following concerning your attempt to secure counsel.

A. In the preparation of this suit, I have attempted to secure the aid of an attorney as follows: (circle one)

1. Employ Counsel
2. Court - Appointed Counsel
3. Lawyer Referral Service of the State Bar of Texas,
P. O. Box 12487, Austin, Texas 78711.

B. List the name(s) and address(es) of the attorney(s):

N/A

C. Results of the conference with counsel:

M/H

II. List previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action or any other incidents? Yes No

B. If your answer to "A" is "yes", describe the lawsuit in the space below.
If there is more than one lawsuit, attach a separate piece of paper describing each.

1. Approximate file date of lawsuit: *M/H*

2. Parties to previous lawsuit(s):

Plaintiff _____

Defendant _____

Attach a separate piece of paper for additional plaintiffs or defendants.

3. Identify the court the lawsuit was filed. If federal, name the district. If state, name the county.

4. Docket number in other court. *M/H*

5. Name of judge to whom the case was assigned.

6. Disposition: Was the case dismissed, appealed or still pending?

7. Approximate date of disposition. *M/H*

III. Parties to this suit:

- A. List the full name and address of each plaintiff:

Pla #1 *Nisha D. Jam*
539 W. Commerce St., STE #3279
Dallas, TX 75208

Pla #2 _____

- B. List the full name of each defendant, their official position, place of employment and full mailing address.

Dft #1: *Trinity County Mutual Insurance*
Temper, Legal Department,
2201 4th Avenue North Birmingham
AL, 35203

Dft #2: _____

Dft #3 _____

Attach a separate sheet for additional parties.

IV: Statement of Claim:

State as briefly as possible the fact of your case. Describe how each defendant is involved. Include the names of other persons involved with dates and places. Do not give any legal arguments or cite cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need, attaching additional pages if necessary.

Trinity County Mutual Insurance
Lemper Auto Adjuster Overton
Newsome claimed to have sent
an auto property damage
payment claim # : 210000040/
based on estimate from photos
and a short video, and traffic
lights at the scene of the accident.
On Jan. 1, 2021, I received an email
received, March 5, 2021. The
check was sent and should arrive
5-7 days. And, I don't believe
a check was sent from the
Lemper Auto/ Trinity Insurance
Company Claims Department.

- V. Relief: State Briefly exactly what you want the court to do for you. Make no legal arguments and do not cite cases or statutes. Attach additional pages if necessary.

The Auto Adjuster Overtime
Newsome at Tempe claimed to
have sent me ~~the~~ only the auto
repair check, which still has been
received, I'd like the car & the
The insurance company for failure to
send the property damage check in a timely
fashion, which is non payment, and someone committing insurance fraud.

Signed this 31 day of March, 20 21.
(Month) (Year)

Tyasha D. Isom
539 W. Commerce St,
STE # 3279, Dallas, TX
75208

I declare (certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on: March 31, 2021
Date

Appholt-Jones

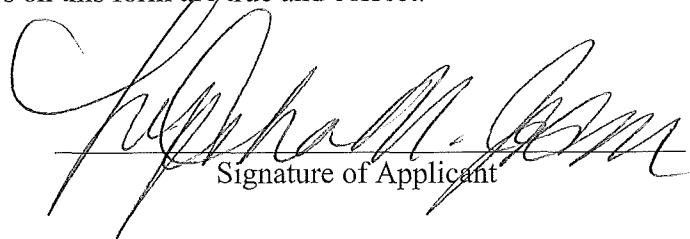
Signature of each plaintiff

11. Provide any other information that will help explain why you cannot pay the filing fees for your case.

I woul go pay for responsibilities
such as housing, food, insurance
phone, etc.

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the filing fees of my case. I believe that I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.

(28 U.S.C. 1746, 18 U.S.C. 1621)


Signature of Applicant